



**VOLUNTARY CERTIFIED ACCESS SPECIALIST PROGRAM**  
**CONTINUING EDUCATION COURSE VERIFICATION**

Please Print or Type all Information Read **INSTRUCTIONS** before completing

Name - **PRINT AS IT APPEARS ON YOUR CERTIFICATE**

Mailing Address – Street address or PO Box (**Do not leave blank**)

(City) (County) (State) (Zip Code)

(Home Phone) (Work Phone ) (Cell Phone) (Fax)

Email

Business/Organization Name/ Employer

Title

**YOUR CASp CERTIFICATION IDENTIFICATION NUMBER:**

CERTIFICATE NUMBER and/or COURSE SPONSOR	Date Completed			COURSE UNITS	DSA Use Only	COURSE TITLE
	Mo.	Day	Yr.			

**(COMPLETE USING PAGE 2, and ADDITIONAL SHEETS IF NECESSARY)**

**CERTIFICATION**

I certify under penalty of perjury that I have taken and completed the courses listed above and will furnish to the Department of General Services, Division of the State Architect, upon request, evidence of having taken any or all of the courses listed.

APPLICANT SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**FOR DSA OFFICE USE ONLY**

CEUs: ☐ Approved ☐ Denied  
☐ Equivalency Pet: ☐ Granted ☐ Denied  
☐ Extension Req: ☐ Granted ☐ Denied  
Initial: \_\_\_\_\_

**RENEWAL STATUS**

☐ ON TIME ☐ LATE

DSA Received Date: \_\_\_\_\_



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Name - PRINT AS IT APPEARS ON YOUR CERTIFICATE: \_\_\_\_\_

**YOUR CASp CERTIFICATION IDENTIFICATION NUMBER:** \_\_\_\_\_

This space is provided to record course information that does not fit on page 1

CERTIFICATE NUMBER and/or COURSE SPONSOR	Date Completed			COURSE UNITS	DSA Use Only	COURSE TITLE
	Mo.	Day	Yr.			